



UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 6359

SERIAL NUMBER 10/032,724	FILING DATE 10/27/2001 RULE	CLASS 379	GROUP ART UNIT 2643	ATTORNEY DOCKET NO. 010411	
APPLICANTS Robert T. Moton, Alpharetta, GA; Mark J. Enzmann, Rosewell, GA; Samuel N. Zellner, Dunwoody, GA;					
** CONTINUING DATA *****					
** FOREIGN APPLICATIONS *****					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 01/28/2002					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY GA	SHEETS DRAWING 6	TOTAL CLAIMS 45	INDEPENDENT CLAIMS 9
ADDRESS 26285					
TITLE Voice caller ID					
FILING FEE RECEIVED 1694	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		



UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 6359

SERIAL NUMBER 10/032,724	FILING DATE 12/27/2001 RULE	CLASS 379	GROUP ART UNIT 2644	ATTORNEY DOCKET NO. 010411
APPLICANTS Robert T. Moton, Alpharetta, GA; Mark J. Enzmann, Rosewell, GA; Samuel N. Zellner, Dunwoody, GA;				
** CONTINUING DATA ***** <i>[Signature]</i>				
** FOREIGN APPLICATIONS ***** <i>[Signature]</i>				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 01/28/2002				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance		STATE OR COUNTRY GA	SHEETS DRAWING 6	TOTAL CLAIMS 45
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>		INDEPENDENT CLAIMS 9		
ADDRESS 26285				
TITLE Voice caller ID				
FILING FEE RECEIVED 1694	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	